

# REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Purpose of Reimbursement:  
\_\_\_\_\_

## Expense Details:

Date	Description	Amount (USD)	Receipt Attached

Total Amount Requested (USD): \_\_\_\_\_

## Payment Method:

Direct Deposit  Check

## Attachments Checklist:

- Original Receipts/Invoices
- Approval Email or Letter
- Other Supporting Documents

## Certification and Approval:

I hereby certify that the expenses listed above were incurred by me in the course of performing my duties for the company and that the amounts claimed are accurate and in accordance with company policy. I understand that falsification of this form may result in disciplinary action up to and including termination of employment and legal action.

**Employee Signature:**

**Date:**

**Approved By:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

nt Form is governed by the laws of the United States. Submission of this form constitutes agreement to the terms and conditions outlined herein and compliance with applicable federal, st

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